

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

10/5/20609

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1	1		
2	1		1	1		
3	1		1	1		
4	2		2	2		
5	3		3	3		
6	2		3	3		
7	3		3	3		
8	3		3	3		
9	3		3	3		
10	3		3	3		
11	3		3	3		
12	3		3	3		
13	3		3	3		
14	1		1	1		
15	1		1	1		
16						
17	3		3	3		
18	3		3	3		
19	(1)		1	1		
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TOTAL IND.			↓		↓	
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						